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5514 7 FITZPATRICK 30 ROCKEFELLI NEW YORK, NY	590 11/28 CELLA HARPE ER PLAZA	/2006	Feet pape have	Perio / Transmistal. This certificate cannot be used for any other inaccomposing papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of mailing or transmission I hereby certify that this Fee(g) Transmistal is being deposited with the United States Portal Service with sufficient postage for fart class mail in an envelope addressed in the Mail Stop ISSUE TRE address above, or being facinities immunitated to the USP TO (271) 273-285, on the date insidence below. (Depositor name) (Depositor name) (Depositor name) (Depositor name) (Depositor name)			
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/046,880 01/16/2002 Yoshinobu Shiraiwa 03560,002135.1 5820 TITLE OF INVENTION: IMAGE OUTPUT CONTROL APPARATUS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	02/28/2007	
EXAMIN	TER	ART UNIT	CLASS-SUBCLASS				
MENBERU, B		2625	358-001150				
Change of correspondence address or indication of *Tee Address' (37 CRI 1.35). Change of correspondence address for Change of Correspondence Address for Though 20 CRI 1.35). Change of correspondence address for Change of Correspondence Address for Though 20 CRI 1.35							
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